

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 29/057,467 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		2+					53						
4		2+					54						
5		+2					55						
6		2+					56						
7		+2					57						
8		2+					58						
9		+2					59						
10		1					60						
11		+2					61						
12		2+					62						
13		+2					63						
14		2+					64						
15		+2					65						
16	1						66						
17		+2					67						
18		1					68						
19		1					69						
20	1						70						
21	1						71						
22	1						72						
23	1						73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	27						TOTAL DEP.						
TOTAL CLAIMS	33						TOTAL CLAIMS						

Best Available Copy